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11/22/2004

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TRUDI SLONE (Depositor's name)

(Signature)

December 2, 2004 (Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/666,830	09/19/2003	Marvin L. Ryken	84909	8896

TITLE OF INVENTION: REDUCED SIZE TM CYLINDRICAL SHAPED MICROSTRIP ANTENNA ARRAY

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1370	\$300	\$1670	02/22/2005

EXAMINER	ART UNIT	CLASS-SUBCLASS
NGUYEN, HOANG V	2821	343-7000MS

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

- ☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.
- ☐ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.

2. For printing on the patent front page, list

- (1) the names of up to 3 registered patent attorneys or agents OR, alternatively,
- (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1 DAVID S. KALMBAUGH

2

3

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.111. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

United States of America  
as represented by the

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Washington, DC

Please check the appropriate assignee category or categories (will not be printed on the patent): ☐ Individual ☐ Corporation or other private group entity ☒ Government

4a. The following fee(s) are enclosed:

- ☒ Issue Fee
- ☒ Publication Fee (No small entity discount permitted)
- ☒ Advance Order - # of Copies 1

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- ☐ A check in the amount of the fee(s) is enclosed.
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- ☒ The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number 50-0931 (enclose an extra copy of this form).

5. Change in Entity Status (from status indicated above)

- ☐ a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. ☐ b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

The Director of the USPTO is requested to apply the Issue Fee and Publication Fee (if any) or to re-apply any previously paid issue fee to the application identified above. NOTE: The Issue Fee and Publication Fee (if required) will not be accepted from anyone other than the applicant; a registered attorney or agent; or the assignee or other party in interest as shown by the records of the United States Patent and Trademark Office.

Authorized Signature

David Kalmbaugh

Date December 2, 2004

Typed or printed name DAVID S. KALMBAUGH

Registration No. 29,234

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**CC:**

**PHONE No.:  
FACSIMILE No.:**

**FROM: TRUDI SLONE  
Office of Counsel, Naval Air Warfare Center Weapons Div**  
**PHONE No.: (805) 989-7735**  
**FACSIMILE No.: (805) 989-1695**

**DATE: 2 December 2004**

**SUBJECT: Issue Fees for Navy Case 84909, Application No. 10/666,830**

**COMMENTS:**



12- 2-03 12:28PM; OFFICE OF COUNSEL

; 805 9891695

# 2 / 4

PTO/SB64 (08-03)

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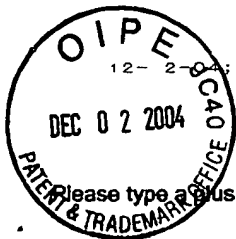
Attorney Docket No. 84909

Attached Paper(s) or Fee(s):

Transmittal Form	1 page
PTOL-85 Fee(s) Transmittal Form (2 copies)	2 pages

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<b>TRANSMITTAL FORM</b>  (to be used for all correspondence after initial filing)	Application Number	10/666,830	
	Filing Date	9/19/03	
	First Named Inventor	RYKEN JR., Marvin L.	
	Art Unit	2821	
	Examiner Name	NGUYEN, Hoang V.	
Total Number of Pages in This Submission	3	Attorney Docket Number	84909

## ENCLOSURES (check all that apply)

- |   |  |   |
|---|--|---|
| <input checked="" type="checkbox"/> Fee Transmittal Form<br><input checked="" type="checkbox"/> Fee Attached<br><input type="checkbox"/> Amendment / Reply<br><input type="checkbox"/> After Final<br><input type="checkbox"/> Affidavits / declaration(s)<br><input type="checkbox"/> Extension of Time Request<br><input type="checkbox"/> Express Abandonment Request<br><input type="checkbox"/> Information Disclosure Statement<br><input type="checkbox"/> Certified Copy of Priority Document(s)<br><input type="checkbox"/> Response to Missing Parts / Incomplete Application<br><input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53 | <input type="checkbox"/> Drawing(s)<br><input type="checkbox"/> Licensing - related Papers<br><input type="checkbox"/> Petition<br><input type="checkbox"/> Petition to Convert to a Provisional Application<br><input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address<br><input type="checkbox"/> Terminal Disclaimer<br><input type="checkbox"/> Request for Refund<br><input type="checkbox"/> CD, Number of CD(s) _____ | <input type="checkbox"/> After Allowance Communication to Group<br><input type="checkbox"/> Appeal Communication to Board of Appeals and Interference's<br><input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)<br><input type="checkbox"/> Proprietary Information<br><input type="checkbox"/> Status Letter<br><input type="checkbox"/> Other Enclosure(s) (Please identify below)<br><b>PTOL-85 Fee Transmittal Form</b> |
| Remarks   |  |   |

## SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual Name	David S. Kalmbaugh	29,234
Signature		
Date	2 Dec 2004	

## CERTIFICATE OF TRANSMISSION/MAILING

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Typed or Printed Name	TRUDI SLONE		
Signature		Date	2 Dec 2004

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